DEC 12 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 38543

Registered No. 1218

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, Mo. (No. Transit House St. Ward)

2. FULL NAME Frank Heady

(a) Residence, No. Transit House St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Heady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
57	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Comission Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Yards

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page County Iowa

FATHER

13. NAME Squire Heady

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page County Iowa

MOTHER

15. MAIDEN NAME Henrietta McCoy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Mrs. Grace Heady

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov. 8 1934

19. UNDERTAKER (ADDRESS) Fleeman's St. Joseph Mo.

20. FILED 11-8-1934 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1934

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ Nov 6, 1934, to ..., 19..

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93 C	

Other contributory causes of importance: Acute Alcoholism

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Forest Thomas Coroner, M.D.

(Address) 731 Faraon

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100M-11-24-33